

18/12/2021

To,

TAMOJIT CHAKRABORTY,  
SUBHASINI NEER, OPPOSITE NIHARIKA APARTMENT, GOKHEL ROAD,  
AUROBINDRA SARANI, SILIGURI  
SILIGURI

Siliguri (M Corp.) (Part), Jalpaiguri, West Bengal - **734006**  
Mobile : 8240811945.

Dear Customer,

**Re: Health Insurance Policy - P/191124/01/2022/011059**

We are extremely thankful for availing health insurance from us and we enclose the policy along with the terms and conditions.

The said policy has been prepared based on the details furnished by you in the proposal form (copy enclosed) and the medical reports, wherever applicable. We shall thank you if you can verify the policy to ensure that all the details are incorporated correctly as per the proposal. In case of any discrepancy noticed, please communicate the same to us immediately. You will appreciate that it is the primary duty of the proposer to fill the proposal form and also to make sure that the proposal contains all the details correctly so also the policy has incorporated the details correctly.

This insurance policy is subject to various exclusions including exclusion for pre-existing diseases and conditions in this policy. If there is suppression of any material fact in the proposal, the contract shall become null and void ab initio.

We would like to mention that we have incorporated the name of the intermediary as indicated by you in the proposal who will be of assistance to you.

The policy is subject to the condition of "free look period". As per this condition, a free look period of 15 days from the date of receipt of the policy is available to you to review the terms and conditions of the policy. In case you are not satisfied with the terms and conditions, you may seek cancellation of the policy and in such an event, we shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, if any, stamp duty charges, and proportionate risk premium for the period on cover, provided no claim has been made until such cancellation.

We wish you good health and we look forward to serve you in the days to come.

With kind regards,



Authorised Signatory

In case of a need for hospitalization, kindly prefer our network hospital (list is available in our website) for a quick response to your claim request.

**Please select the room as per your eligibility stipulated in your policy to avoid additional payment from your pocket towards the proportionate increase which would invariably be charged by the hospital for the higher room category occupied.**

Sum insured of this Policy is meant for utilization till its expiry. Bearing this aspect in mind, we have no doubt, you will choose appropriate hospital, room rent and treatment charges, etc.

Should you need any assistance, our customer care will be delighted to assist you, whose toll free no. is 1800-425-2255/1800-102-4477.

However, the ultimate decision will be that of yours only.

**Medi classic Insurance Policy (Individual)  
SCHEDULE**

**Unique Identification No. SHAHLIP22037V062122**

<b>Policy No.</b> : P/191124/01/2022/011059	<b>Previous Policy No.</b> :
<b>Customer Code</b> : AA0022301581	<b>GSTIN</b> : 19AAJCS4517L1ZV
<b>Customer Name</b> : TAMOJIT CHAKRABORTY	<b>SAC Code</b> : 997133/Accident and Health Insurance Services
<b>Proposer's Code</b> : 25574273	<b>Issuing Office Code</b> : 191124
<b>Proposer's Name</b> : TAMOJIT CHAKRABORTY	<b>Issuing Office Name</b> : Branch Office - Siliguri
<b>Address</b> : SUBHASINI NEER, OPPOSITE NIHARIKA APARTMENT, GOKHEL ROAD, AUROBINDRA SARANI, SILIGURI SILIGURI	<b>Issuing Office Address</b> : 1st Floor, Unity Building,175 Sevoke Road, Siliguri-734001
<b>Phone No</b> : /8240811945/	<b>Phone No</b> : 0353-2642987/88 , 0353-2642894
<b>E-mail Id</b> : tamal.chakraborty@yahoo.co.uk	<b>E-mail Id</b> : Siliguri.Kolkata@starhealth.in
<b>Proposer GSTIN</b> : -	<b>Place of Supply</b> : -
<b>Proposal date</b> : 18/12/2021	<b>Fulfiller Code</b> : SH19951
<b>Date of Inception of first policy</b> : 18-DEC-2021	<b>Intermediary Code</b> : BA0000168138
<b>Renewal Year</b> : NEW	<b>Name</b> : Mr.DIBAKAR ROY
<b>Collection Number</b> : 1325011820	<b>Phone No</b> : 9434106434/9434106434
<b>Collection Date</b> : 18/12/2021	<b>E-mail Id</b> : deardibakar@gmail.com
<b>Premium</b> :Rs 5,011 /-	
<b>CGST @9%</b> :Rs 451 /- <b>SGST / UTGST @9%</b> :Rs 451 /-	
<b>Stamp Duty</b> :Rs 1 /- <b>Total Premium</b> :Rs 5913 /-	
<b>Total Premium In Words</b> : Rupees Five Thousand Nine Hundred Thirteen Only	<b>Installment Facility Optn</b> :No
<b>Premium Payment Frequency</b> :Annual	<b>Installment Amount</b> : Rs. 0
<b>PERIOD OF INSURANCE</b> : FROM : 18/12/2021 12:55	<b>TO</b> : Midnight Of 17/12/2022
<b>Policy Term</b> : 1 Year	

**Details of Insured Persons :**

**No. of Persons Insured: 1**

Sl. no.	Name	Sex	Date of Birth	Age in Yrs	Relationship with Proposer	Sum Insured (Rs.)	Cumu.Bonus (Rs.)	ID Card No	Pre Existing Disease	Inception Date
1	TAMOJIT CHAKRABORTY	M	18/12/1986	35	SELF	300000		25574273-1	No PED declared	18/12/2021

<b>Optional Covers Opted</b> : Gold Plan: Yes	<b>Hospital Cash</b> :No	<b>Patient Care</b> : No
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**IMPORTANT**

Entered by : STAR\_PORTAL  
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

**IRDAI Regn. No 129**

**Corporate Identity Number U66010TN2005PLC056649**

**Email ID : support@starhealth.in**

Please see overleaf 2 of 6

Attached to and forming part of Policy No : P/191124/01/2022/011059

**THE INSURANCE UNDER THIS POLICY IS SUBJECT TO CONDITIONS, CLAUSES, WARRANTIES, EXCLUSIONS ETC. ATTACHED. IN THE EVENT OF HOSPITALIZATION OF INSURED PERSON, INTIMATION SHOULD BE GIVEN TO THE COMPANY IMMEDIATELY, HOWEVER, WITHIN 24 HRS FROM THE TIME OF ADMISSION.**

**Sector Classification :**

Urban		
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**Toll Free No : 1800 425 2255 / 1800 102 4477 Email: support@starhealth.in Fax No: 1800 425 5522.**

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. if you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured person given in the policy schedule are deemed to have been accepted by you.

AYUSH Hospital means a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

1. Central or State Government AYUSH Hospital or
2. Teaching hospital attached to AYUSH College recognized by the Central Government / Central Council of Indian Medicine/Central Council for Homeopathy; or
3. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
  - i. Having at least 5 in-patient beds;
  - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
  - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
  - iv. Maintaining daily records of the patients and making them accessible to the insurance Company's authorized representative.

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

- i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

**Nominee Details**

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	TARUN KANTI CHAKRABORTY	Father	72	100			

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Siliguri on 18th Day of December 2021.

Entered by : STAR\_PORTAL

Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.




Authorised Signatory

Please see overleaf 3 of 6

Attached to and forming part of Policy No : P/191124/01/2022/011059

**Permanent Exclusion Details**

Insured Name	ID Card	Permanent Exclusion Disease
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<p><b>Emergency Help Line No. 1800 425 2255 / 1800 102 4477</b>  e-mail : support@starhealth.in Website : <a href="http://www.starhealth.in">www.starhealth.in</a>  <b>Please quote the Customer Id No. for assistance</b></p> <ul style="list-style-type: none"> <li>► This Card is valid until otherwise Cancelled.</li> <li>► This ID Card is invalid, if the insurance cover is not in force.</li> <li>► Immediate intimation to 'Star' through above Tel Nos. is a must in case of Hospitalisation.</li> </ul> <p>☎ For Free Medical Advice Call <b>TOLL FREE 1800 425 2255</b></p>	<p> <b>Star Health and Allied Insurance Company Limited</b></p> <p><b>Customer Identity Card</b></p> <p><b>Customer ID No.</b> : 25574273-1</p> <p><b>Name :</b> TAMOJIT CHAKRABORTY</p> <p><b>Date Of Birth</b> : 18-DEC-86 <b>Age</b> : 35 Years</p> <p><b>Gender</b> : Male <b>Office Code</b> : 191124</p> <p><b>Valid From</b> : 18-DEC-21 <b>SSM/SM Code</b> : SH19951</p> <p><b>Agent/Broker/MT Code</b> : BA0000168138</p> <p><b>Personal and Caring</b></p>
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\*This is a temporary ID card issued along with the policy. Original ID cards will be dispatched shortly.

Entered by : STAR\_PORTAL  
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

  
Authorised Signatory

Please see overleaf 4 of 6

**TAX Invoice**



Invoice No. : 19I325Y22P000771	Customer ID : AA0022301581
Invoice Date : 18/12/21	Policy No : P/191124/01/2022/011059
<b>Recipient</b>	<b>Supplier</b>
GSTIN : -	GSTIN : 19AAJCS4517L1ZV
Proposer's Name : TAMOJIT CHAKRABORTY	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Siliguri
Address : SUBHASINI NEER, OPPOSITE NIHARIKA APARTMENT, GOKHEL ROAD, AUROBINDRA SARANI, SILIGURI SILIGURI	Address : 1st Floor, Unity Building, 175 Sevoke Road, Siliguri-734001
City : Siliguri (M Corp.) (Part), Jalpaiguri, West Bengal-734006	City : SILIGURI
State : West Bengal	State : West Bengal
Pincode : 734006	Pincode : 734001
Client Category : IND	Place of Supply : 19 - West Bengal

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 18% D = C * IGST	CGST @ 9% E = C * CGST	UT/SGST @ 9% F = C * UTGST or SGST	CESS @ 1% G = C * Cess	Total Invoice Value H = C + D + E + F + G
997133	Insurance Services	5011	0	5011		451	451		Rs. 5913 /-

Total Invoice Value (in Figures) : Rs. 5913 /-

Total Invoice Value (in Words) : Rupees: Five thousand nine hundred thirteen only

Amount of Tax Subject to reverse Charge : No

**Important Note:**

The invoice is issued as per Section 31 of the CGST Act

In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

**E. & O.E**

This is a digitally signed document and hence no physical signature is required

**IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in**

Entered by : STAR\_PORTAL  
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Please see overleaf 5 of 6

<b>Name Of the Product</b>	<b>Medi classic Insurance Policy (Individual)</b>
<b>Product UIN No.</b>	<b>SHAHLP22037V062122</b>

## Summary of Important Benefits (Gold Plan)

S.No	Particulars of Coverage / Benefits	Benefit Limits (in Rs.)							Refer to Policy clause No.
	Sum Insured (in Rs.)	3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	
1	Room Rent (Per Day) - Up to *Hospitalization expenses will be considered in proportion to the eligible Room Rent	5000	5000	Private Single A/c Room					III 1.(A)
2	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees, Anesthesia, blood, oxygen, operation theatre charges, Surgical Appliances, Medicines and Drugs	Actual							III 1. (B & C)
3	Ambulance charges	Up-to Rs. 2,000/- per hospitalization							III 1. (D)
4	Pre-Hospitalization Expenses	Up to 30 days prior to admission							III 1. (E)
5	Post-Hospitalization Expenses	Up to 60 days from the date of discharge							III 1. (F)
6	Day Care Treatments / Procedures	All Day Care Procedures							Under Important Note. Point No.4
7	Cost of Health Checkup (once after every claim-free years)	1500	1500	1500	2500	2500	5000	5000	III 1. (G)
8	Cataract	30,000/- per eye and not exceeding 40,000/- per person per policy period			40,000/- per eye and not exceeding 50,000/- per person per policy period		45,000/- per eye and not exceeding 60,000/- per person per policy period		III 1. (H)
9	Psychiatric And Psychosomatic Disorder	Expenses up to Basic Sum insured, hospitalization for minimum period of 5 consecutive days under this policy							III 1. (I)
10	Coverage for Modern Treatments	Covered up to the limits							III 1. (J)
11	Cumulative Bonus	In respect of claim free year, 25% of basic sum insured in the second year and additional 20% of the basic sum insured for each subsequent years subject to a maximum of 100%							III 1. (K)
12	Automatic Restoration of Sum Insured	200% once during the policy period which can be used for illness/disease for which claim was/were not made.							III 1. (L)
13	Super Restoration	100% would be provided once for the remaining policy period for the subsequent hospitalization which can be used for illness/disease for which claim was/were made.							III 1. (M)
14	Domiciliary hospitalization	Treatments for a period exceeding three days							III 1. (N)
15	Organ Donor Expenses	Organ Expenses incurred for organ transplantation from the Donor to the recipient insured person are payable provided the claim for transplantation is payable							III 1. (O)
16	Shared accommodation	500/- per day subject to maximum of 3000/- per hospitalization			1,000/- per day subject to maximum of 6000/- per hospitalization				III 1. (P)
17	Additional Basic Sum Insured for Road Traffic Accident (RTA)	If the insured person meets with a Road Traffic Accident resulting in patient hospitalization, then the basic sum insured shall be increased by 50%							III 1. (Q)
18	Hospitalization expenses for treatment of New Born Baby	The coverage for new born baby starts from the 16th day after its birth and is subject to a limit of 10% of the Sum Insured or Rupees Fifty thousand, whichever is less							III 1. (R)
19	Non Allopathic Treatment	Up to 25% of the Basic Sum Insured subject to a maximum of Rs 25000/-							III 1. (S)
Optional Covers on payment of additional premium									
20	Patient Care	Up-to Rs 400/- for each completed day up-to 5 days per occurrence and 14 days per policy period							III. 2
21	Hospital Cash	Rs 1000/-for each completed day of hospitalization subject to a maximum of 7 days per hospitalization and 14 days per policy period							III. 3
22	Instalment Facility (if Opted)	Available							V(13)

Note: The above information is only indicative. For complete details of the Terms & Conditions kindly read the policy wordings attached.

Entered by : STAR\_PORTAL

Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Please see overleaf 6 of 6